



PTO/SB/22 (12-04)

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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  
FY 2005**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

42982C1C(47843)

Application Number 09/637,774-Conf. #1361

Filed August 11, 2000

For THERAPEUTIC GUANIDINES

Art Unit 1621

Examiner P. G. O'Sullivan

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|  | Fee    | Small Entity Fee |           |
|--|--------|------------------|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$120  | \$60             | \$        |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$450  | \$225            | \$        |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510            | \$ 510.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$1590 | \$795            | \$        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$2160 | \$1080           | \$        |

☒ Applicant claims small entity status. See 37 CFR 1.27.☐ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director has already been authorized to charge fees in this application to a Deposit Account.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105. I have enclosed a duplicate copy of this sheet.I am the ☐ applicant/inventor.☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☐ attorney or agent of record. Registration Number \_\_\_\_\_☒ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 38,256

  
Signature

November 16, 2005

Date

Christine C. O'Day

Typed or printed name

(617) 439-4444

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 756264055 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 16, 2005

Signature: (Bonnie S. Crespi)